

# **EXHIBIT E**

**From:** Levy, Lindsey  
**Sent:** Tuesday, January 21, 2025 11:48 AM  
**To:** 'Tal J Lifshitz'; Harvey, Patrick A.  
**Cc:** Josh Wackerly; Scherr, Jason R.; Compton, Meredith L.; Joanne Cicala; Johan Conrod; Trey Watkins; Tanya Ellis; Lawrence Deas; William Liston III; Matthew McDonald; bbogle@levinlaw.com; sdaroci@seegerweiss.com; dbuchanan@seegerweiss.com; Benjamin Widlanski; mpifko@baronbudd.com; ssacks@napolilaw.com; mdearman@rgrdlaw.com; probertson@irpinolaw.com; myeates@ktmc.com; Erich Schork; Jon Neumann; Matthew Gately; Kelly Rinehart; Mike Roberts; Brandon Sadowsky; Robert L. Salim; Karen Sharp Halbert Roberts Law Firm P.A.; Shelbi Flood; John Alden Meade; Lisa Causey-Streete; Ackerman, Ethan; Lea Bays  
**Subject:** RE: Insulin Pricing MDL - Meet and confer on Express Scripts discovery responses  
**Attachments:** ESI Data Proposal.pdf

Counsel,

Please find attached Express Scripts' data field proposal in response to Plaintiffs' Request for Production No. 33.

Best,  
Lindsey

**Lindsey Levy**

Pronouns: She/Her/Hers

**Morgan, Lewis & Bockius LLP**

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**From:** Tal J Lifshitz <tjl@kttlaw.com>  
**Sent:** Friday, January 17, 2025 10:23 AM  
**To:** Harvey, Patrick A. <patrick.harvey@morganlewis.com>  
**Cc:** Josh Wackerly <josh@cicalapllc.com>; Scherr, Jason R. <jr.scherr@morganlewis.com>; Levy, Lindsey <lindsey.levy@morganlewis.com>; Compton, Meredith L. <meredith.compton@morganlewis.com>; Joanne Cicala <joanne@cicalapllc.com>; Johan Conrod <johan@cicalapllc.com>; Trey Watkins <Trey.Watkins@formanwatkins.com>; Tanya Ellis <Tanya.Ellis@formanwatkins.com>; Lawrence Deas <Lawrence@listondeas.com>; William Liston III <William@listondeas.com>; Matthew McDonald <MattM@davidnutt.com>; bbogle@levinlaw.com; sdaroci@seegerweiss.com; dbuchanan@seegerweiss.com; Benjamin Widlanski <bwidlanski@kttlaw.com>; mpifko@baronbudd.com; ssacks@napolilaw.com; mdearman@rgrdlaw.com; probertson@irpinolaw.com; myeates@ktmc.com; Erich Schork <erichschork@robertslawfirm.us>; Jon Neumann <jneumann@ktmc.com>; Matthew Gately <MFG@njlawfirm.com>; Kelly Rinehart <kellyrinehart@robertslawfirm.us>; Mike Roberts <mikeroberts@robertslawfirm.us>; Brandon Sadowsky <bsadowsky@kttlaw.com>; Robert L. Salim <skeeter@salim-beasley.com>; Karen Sharp Halbert Roberts Law Firm P.A. <karenhalbert@robertslawfirm.us>; Shelbi Flood <shelbi@cicalapllc.com>; John Alden Meade <jam@meadeyoung.com>; Lisa Causey-Streete <lcausey@salim-beasley.com>; Ackerman, Ethan <ethan.ackerman@morganlewis.com>; Lea Bays <LBays@rgrdlaw.com>  
**Subject:** Re: Insulin Pricing MDL - Meet and confer on Express Scripts discovery responses

[EXTERNAL EMAIL]

Thank you Patrick - Plaintiffs are available at 3 pm est on Tuesday. I will circulate a calendar invitation now.

Sent from my iPad

On Jan 16, 2025, at 1:03 PM, Harvey, Patrick A. <[patrick.harvey@morganlewis.com](mailto:patrick.harvey@morganlewis.com)> wrote:

**CAUTION:** [This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.]

Josh,

While we may have more to say in response to your email, we are currently generally available after 11:30 a.m. EST on Tuesday to hold a further meet and confer. Let us know a time that works for you and your team.

Pat

**Patrick A. Harvey**

**Morgan, Lewis & Bockius LLP**

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<image001.jpg>

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**From:** Josh Wackerly <[josh@cicalapllc.com](mailto:josh@cicalapllc.com)>

**Sent:** Wednesday, January 15, 2025 5:42 PM

**To:** Harvey, Patrick A. <[patrick.harvey@morganlewis.com](mailto:patrick.harvey@morganlewis.com)>; Scherr, Jason R.

<[jr.scherr@morganlewis.com](mailto:jr.scherr@morganlewis.com)>; Levy, Lindsey <[lindsey.levy@morganlewis.com](mailto:lindsey.levy@morganlewis.com)>; Compton, Meredith L. <[meredith.compton@morganlewis.com](mailto:meredith.compton@morganlewis.com)>

**Cc:** Joanne Cicala <[joanne@cicalapllc.com](mailto:joanne@cicalapllc.com)>; Johan Conrod <[johan@cicalapllc.com](mailto:johan@cicalapllc.com)>; Trey Watkins <[Trey.Watkins@formanwatkins.com](mailto:Trey.Watkins@formanwatkins.com)>; Tanya Ellis <[Tanya.Ellis@formanwatkins.com](mailto:Tanya.Ellis@formanwatkins.com)>; Lawrence Deas <[Lawrence@listondeas.com](mailto:Lawrence@listondeas.com)>; William Liston III <[William@listondeas.com](mailto:William@listondeas.com)>; Matthew McDonald <[MattM@davidnutt.com](mailto:MattM@davidnutt.com)>; Brandon Bogle <[bbogle@levinlaw.com](mailto:bbogle@levinlaw.com)>; Steven Daroci <[SDaroci@SeegerWeiss.com](mailto:SDaroci@SeegerWeiss.com)>; Tal J Lifshitz <[tjl@kttl原因.com](mailto:tjl@kttl原因.com)>; David Buchanan <[DBuchanan@seegerweiss.com](mailto:DBuchanan@seegerweiss.com)>; Benjamin Widlanski <[bwidlanski@kttl原因.com](mailto:bwidlanski@kttl原因.com)>; Mark Pifko <[MPifko@baronbudd.com](mailto:MPifko@baronbudd.com)>; Shayna E. Sacks <[SSacks@NapoliLaw.com](mailto:SSacks@NapoliLaw.com)>; [mdearman@rgrdlaw.com](mailto:mdearman@rgrdlaw.com); Pearl Robertson <[probertson@irpinolaw.com](mailto:probertson@irpinolaw.com)>; [myeates@ktmc.com](mailto:myeates@ktmc.com); Erich Schork <[erichschork@robertslawfirm.us](mailto:erichschork@robertslawfirm.us)>; Jon Neumann <[jneumann@ktmc.com](mailto:jneumann@ktmc.com)>; Matthew Gately <[MFG@njlawfirm.com](mailto:MFG@njlawfirm.com)>; Kelly Rinehart <[kellyrinehart@robertslawfirm.us](mailto:kellyrinehart@robertslawfirm.us)>; Mike Roberts <[mikeroberts@robertslawfirm.us](mailto:mikeroberts@robertslawfirm.us)>; Brandon Sadowsky <[bsadowsky@kttl原因.com](mailto:bsadowsky@kttl原因.com)>; Robert L. Salim <[skeeter@salim-beasley.com](mailto:skeeter@salim-beasley.com)>; Karen Sharp Halbert - Roberts Law Firm, P.A. <[karenhalbert@robertslawfirm.us](mailto:karenhalbert@robertslawfirm.us)> <[karenhalbert@robertslawfirm.us](mailto:karenhalbert@robertslawfirm.us)>; Shelbi Flood <[shelbi@cicalapllc.com](mailto:shelbi@cicalapllc.com)>; John Alden Meade <[jam@meadeyoung.com](mailto:jam@meadeyoung.com)>; Lisa Causey-Streete <[lcausey@salim-beasley.com](mailto:lcausey@salim-beasley.com)>; Ackerman, Ethan <[ethan.ackerman@morganlewis.com](mailto:ethan.ackerman@morganlewis.com)>

**Subject:** Re: Insulin Pricing MDL - Meet and confer on Express Scripts discovery responses

***In re: Insulin Pricing Litigation*, MDL No. 3080  
ESI PBM Entities' Data Proposal**

Express Scripts, Inc., Medco Health Solutions, Inc., and Express Scripts Administrators, LLC (collectively, “Express Scripts”) provide the below proposal identifying the available claims and rebate data fields they are willing to produce in response to Plaintiffs’ Request for Production No. 33.

**Claims Data:**

During the discovery period (January 1, 2011 to January 1, 2023), Express Scripts maintained two separate claims data systems: 1) its pre-2014 legacy system (EDW), and 2) its current claims data system (IW). Certain of the fields/information requested in Exhibit A to Plaintiffs’ First Set of Master Requests for Production of Documents to the PBM Defendants are not available in either system. *See, e.g.*, Requests 5, 16, 18, 21–22, 41–50, 70, 76 (in red text below). In other instances, the requested fields do not exist in Express Scripts’ legacy system and, therefore, are not available pre-2014. *See, e.g.*, 34, 59, 67, 69, 75, 77–79, 81, 83–86 (in blue text below).

Of the specific fields requested for which Express Scripts maintains the relevant claims data, Express Scripts has four narrow objections.

*First*, Plaintiffs have requested several fields related to tracking claim processing and status (*e.g.*, paid, rejected, etc.) (Requests No. 3–6). These fields are only relevant for claims that are not paid. But only paid claims are relevant to any party’s claims or defenses in this action. Express Scripts therefore objects to producing information related to Requests Nos. 3–6.

*Second*, Plaintiffs request largely duplicative information about what was *prescribed* on top of what a pharmacy *dispensed*. For instance, Plaintiffs seek both the quantity dispensed (Request No. 71), and the quantity prescribed (Request No. 72). As one would expect, the quantity dispensed almost always matches the quantity prescribed. And to the extent there are rare claims with a difference between the two, the difference is not relevant to any party’s claims or defenses. Collecting this prescription data would require a custom data pull, slowdown the production of claims data, and is

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unduly burdensome and disproportional to the needs of the case. Express Scripts will thus not produce data regarding the date of prescription (Request No. 51) or quantity prescribed (Request No. 72), but instead will produce the date the prescription was filled (Request No. 52), and the quantity filled (Request No. 71).

*Third*, certain data fields would reveal personally identifying information of members that is not relevant to any party's claims or defenses. To protect member privacy, Express Scripts will not produce members' First Name, Last Name, or Date of Birth (Requests Nos. 13–15).

*Fourth*, Express Scripts objects to Requests seeking information about what Express Scripts paid a pharmacy for a claim (i.e., Requests Nos. 62, 63, 68, 69, 75, 86) on the grounds that the Requests seek highly sensitive and confidential information not relevant to any party's claims or defenses, especially during this Master Discovery phase, which is limited to discovery applicable across all cases. Express Scripts further objects that the production of sensitive information responsive to these Requests is disproportional to the needs of the case. Producing the pharmacy-side data requested would disclose the reimbursement rates Express Scripts negotiates with pharmacies, and if such information were to be disclosed, could cause commercial harm to Express Scripts as it negotiates with pharmacies to join Express Scripts' pharmacy network.

In accordance with these explanations and objections, the below proposal represents the available claims data production fields Express Scripts is willing to produce in response to Plaintiffs' Request for Production No. 33:

<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
2	Claim Number (the number assigned to the claim or encounter filled by the pharmacy);	PHCY_CLAIM_ID	An AGN (Artificially Generated Number) that uniquely identifies a PHARMACY CLAIM.	CLM_AUDIT_NO	The Claim Audit Number is a unique number generated by an adjudication system for each RX_CLAIM being adjudicated.

***In re: Insulin Pricing Litigation*, MDL No. 3080  
ESI PBM Entities' Data Proposal**

<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
3	Claim Sequence (if available, the sequence or suffix of the claim which is used as the claim is adjusted or adjudicated);				
4	Original Claim Number (if needed for adjustments, the original claim number to group a set of claims instances);				
5	Base Claim Number (the “base” or “root” of a claim without any prefixes or suffixes, used to properly identify a set of claims);				
6	Claim Status (the adjudication status of the claim, i.e., paid, reversed, adjusted, void, denied, etc.);				
7	Rx Number (the number of the prescription being prescribed by the doctor);	PHCY_RX_NBR	A reference number assigned by a PHARMACY for a dispensed DRUG/product and/or service provided.	RX_NO	Prescription (Rx) Number is a number assigned by the PROVIDER PARTY (pharmacy) to a PRESCRIPTION to uniquely identify it, both original and refills. The Prescription Number is only unique within a PROVIDER.

***In re: Insulin Pricing Litigation*, MDL No. 3080  
ESI PBM Entities' Data Proposal**

<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
8	Fill Number (the iteration of the number of times the prescription has been filled);	PHCY_FILL_NBR	A number submitted by the PHARMACY indicating whether a specific PRESCRIPTION associated with this CLAIM is an original fill or a refill, and if a refill, the refill number. At retail it is somewhat unreliable (e.g., if the PHARMACY has phoned the PRESCRIBER and made any change to the PRESCRIPTION), the PHARMACY might consider it a new prescription).	NEW_REFILL_CD	The New Or Refill Code identifies whether this claim is a new (first fill) or a refill (2nd or later fill) from one prescription claim. (Refer to the ods_cd and ods_ds columns in the ods_cd table for a description of the domains.) Modified NCPDP Standard is: Domain: 00= New (default) 01- 99= Refill
9	New or Refill (indicator if the prescription is new (first time filled) or a refill of an existing prescription);	PHCY_FILL_NBR	A number submitted by the PHARMACY indicating whether a specific PRESCRIPTION associated with this CLAIM is an original fill or a refill, and if a refill, the refill number. At retail it is somewhat unreliable (e.g., if the PHARMACY has phoned the PRESCRIBER and made any change to the PRESCRIPTION), the PHARMACY might consider it a new prescription).	NEW_REFILL_CD	The New Or Refill Code identifies whether this claim is a new (first fill) or a refill (2nd or later fill) from one prescription claim. (Refer to the ods_cd and ods_ds columns in the ods_cd table for a description of the domains.) Modified NCPDP Standard is: Domain: 00= New (default) 01- 99= Refill

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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
10	Unique Patient ID (Your internal ID used to match between eligibility and claims);	CLIENT_MEMBERSHIP_ID	An alphanumeric uniquely identifying a MEMBER within a CLIENT. An AGN (Artificially Generated Number) that, together with member_src_cde, uniquely identifies a MEMBER (originating MEMBER or dependent) within a MEMBERSHIP. It is the identifier of the originating MEMBER or surviving spouse (in some cases SSN). If a membership_id transfer/conversion occurs, this identifier contains the new non-SSN value provided by a CLIENT or generated by ESI.	ALT_MBR_ID_1	The Alternate Member Identifier 1 (Member Identifier Client Communication) is the identification number used to uniquely identify a CLIENT's MEMBER within the CLIENT's internal systems; this is the identifier that should be used when communicating with the CLIENT. If a CLIENT's member id is not assigned, then ESI's internal system identifier for MEMBER will be used as the default for CLIENT communications.
11	Policy Number (the number which links all members together for a policy);	ELIG_GROUP_OPERATIONAL_ID	A number (originating from an operational system) that uniquely identifies the GROUP under which a MEMBER is eligible, as determined by Eligibility. It may be the same as or different from the submitted group id (e.g., if the MEMBER is using an old MEMBERSHIP card). (For MMRx-only CLIENTs, the sub-group number is appended to the MMRx group number to produce the group_operational id).	LEGACY_GRP_CD	The LEGACY GROUP CODE is the code assigned to the group within the legacy system.



***In re: Insulin Pricing Litigation*, MDL No. 3080**  
**ESI PBM Entities' Data Proposal**

<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
12*	Dependent Number (the individual number/identifier of the patient);	PATIENT_ID	An AGN (Artificially Generated Number) that uniquely identifies an individual PATIENT under a subscribing MEMBER's benefit plan, regardless of changes in coverage or the number of plans with which he/she is affiliated (a single patient_id can be associated with more than one member_id).	MBR_PTY_KEY	The Member Party Key is a surrogate key that uniquely identifies a MEMBER Party.
13	<del>First Name (first name of the patient);</del>				
14	<del>Last Name (last name of the patient);</del>				
15	<del>Date of Birth (date of birth of the patient);</del>				
16	Group Name;				

***In re: Insulin Pricing Litigation*, MDL No. 3080  
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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
17	Group Number;	ELIG_GROUP_OPERATIONAL_ID	A number (originating from an operational system) that uniquely identifies the GROUP under which a MEMBER is eligible, as determined by Eligibility. It may be the same as or different from the submitted group id (e.g., if the MEMBER is using an old MEMBERSHIP card). (For MMRx-only CLIENTs, the sub-group number is appended to the MMRx group number to produce the group operational id).	LEGACY_GRP_CD	The LEGACY GROUP CODE is the code assigned to the group within the legacy system.
18	Plan Description;				
19	Line of Business <sup>1</sup> ;				

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<sup>1</sup> “Line of Business” is not a standalone field in Express Scripts’ claims data system. Rather, Express Scripts employs a standard methodology to generate this field using other inputs in the claims data. Express Scripts is willing to produce the LOB field consistent with its standard methodology.

***In re: Insulin Pricing Litigation, MDL No. 3080***  
**ESI PBM Entities' Data Proposal**

<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
20	Any other fields that can be used to identify or describe the PBM or plan name who was billed or paid for the claim;	CARRIER_OPERATIONAL_ID	A number (originating from an operational system) that uniquely identifies the CARRIER under which a CLAIM was submitted.	CL_ID	The CLIENT ID is a unique identifier assigned by an adjudication system to a Client. Each Client may have one or more CLIENT Ids assigned. Adjudication System Client ID Stratus Sub Carrier VNet Client Key Anchor Division
		CARRIER_NAME	The Client's Name	CL_NM	The Client Name is the full description or name associated with the Client Identifier.
		ORG_ID	Top-level 'parent' Org Id, denormalized when multiple carriers under an Org.	N/A	
21	Indication if the claim was paid for fully by the patient (Cash) and was not billed or any monies applied to the payment by insurance or any other entity or assistance program, including but not limited to manufacturer rebates, discounts, or chargebacks;				
22	Prescriber Number (Your internal provider identifier for the prescribing party);				

***In re: Insulin Pricing Litigation, MDL No. 3080***  
**ESI PBM Entities' Data Proposal**

<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
23	Prescriber NPI Number (the industry standard NPI number for the prescribing party);	PRSCRBR_NPI_N BR	A 10-digit identifier (National Provider ID) mandated by the Dept. of Health & Human Services (DHHS) that uniquely identifies a PROVIDER.	PRSCBR_NPI	The Prescriber Identifier is the ID that comes on the RX CLAIM, as supplied by the PROVIDER. This ID is assigned to a PRESCRIBER by a body or process external to Express Scripts (i.e. DEA, State Licensing agencies, 3rd party address matching companies such as NDCHealth, etc.) This identifier is not necessarily unique; it must be taken in combination with the Prescriber Identifier Type Identifier to be fully understood. / The Prescriber NPI is the National Provider Identifier for a health care practitioner who prescribes DRUGs. This identifier was federally mandated by the U.S. government in 2008 for use when submitting pharmacy claims that bill electronically.
24	<del>Prescriber DEA Number (the industry standard DEA number for the prescribing party);</del>				
25		PRSCRBR_FIRST_ NME	The first name of a Prescriber.	PRSCBR_FRST_N M	The Prescriber First Name is the first name of the PRESCRIBER.

***In re: Insulin Pricing Litigation, MDL No. 3080***  
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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
	Prescriber name (the full name of the doctor or provider that prescribed the prescription);	PRSCRBR_LAST_NME	The last name of a Prescriber.	PRSCBR_LAST_NM	The Prescriber Last Name is the last name of the PRESCRIBER.
26	Prescriber Address 1;	PRSCRBR_STREET_ADDR_LINE_1_TXT	A non-parsed text string containing the first line of the mailing ADDRESS 1. It does not describe the mail recipient, but the geographic ADDRESS itself.	ADDR_LINE_1	Address Line 1 is the first line used for the street number and name of an address.
27	Prescriber Address 2;	PRSCRBR_STREET_ADDR_LINE_2_TXT	A non-parsed text string containing the first line of the mailing ADDRESS 2. It does not describe the mail recipient, but the geographic ADDRESS itself.	ADDR_LINE_2	Address Line 2 is the second line used to complete the street address.
28	Prescriber City;	PRSCRBR_CITY_NME	The name of the city, town, etc. as it would be used for the delivery of mail.	CITY	City is the name of the city where the address is located.
29	Prescriber State;	PRSCRBR_STATE_OR_PROVINCE_CDE	A 2-character code identifying one of the 50 United States, the District of Columbia and other outlying areas of the US (e. g., Puerto Rico), and the Canadian provinces, as classified by the US Postal Service.	ST_CD	State Code is the official US state, US possession, or province abbreviation.
30	Prescriber ZIP;	PRSCRBR_POSTAL_CDE	A code, attached to a geographic ADDRESS, assigned by the postal authority of the address country to help automated mail delivery. In the US the postal code is the Zip	ZIP_5	Zipcode 5 is the base (first 5 digits) of a postal ADDRESS, assigned by the USPS to identify a delivery area of the country.

***In re: Insulin Pricing Litigation, MDL No. 3080***  
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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
			Code (either the five, nine, or eleven digit variety).		
31	Dispensing Pharmacy Number (Your internal identifier for the pharmacy where the prescription was filled);	PHCY_ID	A 10-digit identifier (National Provider ID) mandated by the Dept. of Health & Human Services (DHHS) that uniquely identifies a PROVIDER	PRV_ID	This is the NCPDP-supplied National Provider ID for this provider (pharmacy).
32	Dispensing Pharmacy NPI Number (the industry standard NPI number for the pharmacy where the prescription was filled);	NPI_NBR	A 10-digit identifier (National Provider ID) mandated by the Dept. of Health & Human Services (DHHS) that uniquely identifies a PROVIDER.	PRV_NPI	This is the NCPDP-supplied National Provider ID for this provider (pharmacy).
33	Dispensing Pharmacy NCPDPID (the industry standard DEA number for the pharmacy where the prescription was filled);				
34	Dispensing Pharmacy Chain ID (if the pharmacy is part of a chain, then the identifier for the parent corporation);	AFFILIATN_NBR	A number assigned by Medco that, together with the affiliatn_relshp_type_cde identifies the identifies the PHARMACY ORGANIZATION with which the PHARMACY is associated.	N/A	
35	Dispensing Pharmacy Name (the name of the pharmacy where the prescription was filled);	PHCY_NME	The business name of the dispensing PHARMACY.	PRV_NM	The PROVIDER NAME is the formal name that is used to refer to the PROVIDER.

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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
36	Dispensing Pharmacy Address 1;	PHCY_STREET_A DDR_LINE_1_TX T	A non-parsed text string containing the first line of the mailing ADDRESS 1. It does not describe the mail recipient, but the geographic ADDRESS itself.	PHCY_ADDR_LIN E_1	Address Line 1 is the first line used for the street number and name of an address.
37	Dispensing Pharmacy Address 2;	PHCY_STREET_A DDR_LINE_2_TX T	A non-parsed text string containing the first line of the mailing ADDRESS 2. It does not describe the mail recipient, but the geographic ADDRESS itself.	PHCY_ADDR_LIN E_2	Address Line 2 is the second line used to complete the street address.
38	Dispensing Pharmacy City;	PHCY_CITY_NM E	The name of the city, town, etc. as it would be used for the delivery of mail.	PHCY_CITY	City is the name of the city where the address is located.
39	Dispensing Pharmacy State;	PHCY_STATE_OR _PROVINCE_CDE	A 2-character code identifying one of the 50 United States, the District of Columbia and other outlying areas of the US (e. g., Puerto Rico), and the Canadian provinces, as classified by the US Postal Service.	PHCY_ST_CD	State Code is the official US state, US possession, or province abbreviation.
40	Dispensing Pharmacy ZIP;	PHCY_POSTAL_C DE	A code, attached to a geographic ADDRESS, assigned by the postal authority of the address country to help automated mail delivery. In the US the postal code is the Zip Code (either the five, nine, or eleven digit variety).	PHCY_ZIP_5	Zipcode 5 is the base (first 5 digits) of a postal ADDRESS, assigned by the USPS to identify a delivery area of the country.

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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
41	Billing Pharmacy Number (Your internal identifier for the pharmacy where the prescription was filled);				
42	Billing Pharmacy NPI Number (the industry standard NPI number for the pharmacy where the prescription was filled);				
43	Billing Pharmacy NCPDPID (the industry standard DEA number for the pharmacy where the prescription was filled);				
44	Billing Pharmacy Chain ID (if the pharmacy is part of a chain, then the identifier for the parent corporation);				
45	Billing Pharmacy Name (the name of the pharmacy where the prescription was filled);				
46	Billing Pharmacy Address 1;				
47	Billing Pharmacy Address 2;				



***In re: Insulin Pricing Litigation*, MDL No. 3080**  
**ESI PBM Entities' Data Proposal**

<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
48	Billing Pharmacy City;				
49	Billing Pharmacy State;				
50	Billing Pharmacy ZIP;				
51	<del>Date the prescription was written;</del>				
52	Date the prescription was filled;	SERVICED_DTE	The date when a PRESCRIPTION was filled or a PROFESSIONAL SERVICE rendered.	FILL_DT	The Fill Date is date the prescription was filled by the PROVIDER.
53	Date the claim was adjudicated;	ADJUD_DTE	The date when adjudication of a CLAIM was completed.	ADJUD_DT	The Adjudication Date is the date the claim adjudicated.
54	GPI Number (the Generic Product Identifier being billed for the dispensed drug);	GCN_NBR	Generic Code Number. Useful for grouping pharmaceutically equivalent products together, but not always unique across dosage forms. A single GCN (94200) is assigned to all medical supplies, which have	GCN	The Generic Code Number (GCN) represents a level of DRUG classification scheme that is maintained by First Data Bank. It is used to group generically equivalent DRUGs together.

*In re: Insulin Pricing Litigation*, MDL No. 3080  
ESI PBM Entities' Data Proposal

Exhibit A Request	Description	IW Field Name	IW Field Description	Legacy EDW Field Name	Legacy EDW Field Description
			unique GCN sequence numbers.		
55	Full 11-digit NDC;	PRODUCT_SERVICE_ID	The NDC (National Drug Code) number is assigned to all prescription DRUG products in the U.S. by the labeler or distributor, under FDA regulations. Composed of: 5-character labeler number, 4-character product number, 2-character package number.	NDC	The National Drug Code is a unique 11-digit, 3-segment number, which identifies the labeler/vendor, product, and trade package size. The first segment, the labeler code, is assigned by the US Food & Drug Administration. A labeler is any firm that manufactures, repacks or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code identifies package sizes. Both the product and package codes are assigned by the firm.
56	Drug label name (the name of the drug as it would appear on the manufacturer's label on the bottle);	LABEL_TXT	Text that may be used on a package label. Typically consists of brand name, strength description and dosage form description.	LABELER_NM	The Label Name uniquely identifies the name of the DRUG including the strength and dosage form information.
57	Drug strength (amount of drug in the dosage form or a unit of the dosage form (e.g., 500 mg capsule, 250 mg/5mL suspension, etc.));	LABEL_TXT	Text that may be used on a package label. Typically consists of brand name, strength description and dosage form description.	LABELER_NM	The Label Name uniquely identifies the name of the DRUG including the strength and dosage form information.

***In re: Insulin Pricing Litigation, MDL No. 3080***  
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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
58	Drug Manufacturer;	LABELER_NME	The name of the labeler of the product as indicated by the NDC code.	INTRN_DRUG_MFR_NM	Internal (ESI) drug manufacturer name.
59	Payment Basis (if available, the pricing system utilized for payment calculations (e.g., AWP, MAC, FUL, billed amount, usual & customary));	BASIS_COST_DETERMINATION_CODE	A 2-character code describing the basis for determining a DRUG ingredient cost used to adjudicate and bill a CLAIM.	BASIS_CST_DET_RM_CD	The Submitted Basis Cost Determination Code is the NCDPD's field #423 (Basis of Cost Determination) which indicates the method by which 'Ingredient Cost Submitted' field #409 was calculated, as submitted by the PROVIDER.
60	Dispenser Type Code, if available, and descriptions of those codes (e.g., indicates if the claim was filled at retail or mail order);	MAIL_RETAIL_CODE	The fulfillment channel of a PHARMACY CLAIM.	MO_FLG	The Mail Order Flag indicates whether or not a RX CLAIM was a mail order CLAIM. This setting is based on the value in the Claim Source Code field in the Rx Claim Usage table. Domain: Y - Mail Order/Home Delivery [clm_src_cd = 2]
61	Ingredient cost (i.e., the amount charged to the payer(s) by the pharmacy for the pharmaceutical product, exclusive of the dispensing fee);	BIL_FINAL_INGREDIENT_COST_AMOUNT	The dollar amount of the ingredient cost billable to a CLIENT based on all relevant factors. It represents the lesser of Usual and Customary (U and C), submitted ingredient cost, and calculated ingredient cost.	B_ING_CST_AMT	The Billed Ingredient Cost Amount is the DRUG ingredient cost associated with the primary billing - typically what is billed to the CLIENT. It contains both ingredient cost and ancillary costs.

***In re: Insulin Pricing Litigation, MDL No. 3080***  
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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
62	Pharmacy's billed amount (among the provider is billing to the insurance carrier, may also be known as Usual and Customary Charge, Gross Amount Due or Submitted Ingredient Cost + Dispensing Fee);				
63	Dispensing fee paid;				
64	Insurance Allowed Amount (the maximum amount the insurance carrier is allowed to pay based on the policy's network and plan coverage);	BIL_GROSS_APPROVED_AMT	The billable total dollar amount claimed for all products, services, and sales taxes associated with a CLAIM (the billable counterpart to pay gross due phcy amt).	B_GROSS_DUE_AMT	
65	Insurance Plan Paid Amount (amount the insurance carrier paid to the provider);	BIL_NET_CHECK_AMT	The net dollar amount billed to the CLIENT.	RPT_B_CLM_AMT	

***In re: Insulin Pricing Litigation, MDL No. 3080***  
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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
66	Member Responsibility Amount (amount the individual member was responsible for paying to the provider (deductible, copay, coinsurance, etc.));	PAY_PATIENT_P AY_AMT	The dollar amount calculated by a processor as the TOTAL amount to be paid by a PATIENT to the PHARMACY (includes the PATIENT's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.).	MBR_PMNT_AM T	The Member Payment Amount is the total amount paid by a MEMBER, including copay, amount applied to the deductible, the amount charged to the MEMBER after cap is reached and any ancillary charges for ancillary programs (e.g. penalty in mandatory generic program). The Member Payment Amount is used to compute the Invoice Amount and the Claim Amount.
67	Any and all fields that are associated with and describe the Member Responsibility Amount;	PAY_PATIENT_P AY_AMT	The dollar amount calculated by a processor as the TOTAL amount to be paid by a PATIENT to the PHARMACY (includes the PATIENT's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.).	MBR_PMNT_AM T	The Member Payment Amount is the total amount paid by a MEMBER, including copay, amount applied to the deductible, the amount charged to the MEMBER after cap is reached and any ancillary charges for ancillary programs (e.g. penalty in mandatory generic program). The Member Payment Amount is used to compute the Invoice Amount and the Claim Amount.
		COINSURANCE_ AMT	The dollar amount that the PATIENT is responsible for attributable to co-insurance . (NCPDP 572-4U).	RSPNS_COINS_A MT	Amount of Coinsurance (572-4U).Amount included in Patient Pay Amount due to per prescription coinsurance (distinct from flat rate based copay).
		COPAYMENT_A MT	The dollar amount to be collected from a PATIENT that is included in Patient Pay Amount attributable to a per prescription (flat) copay	RSPNS_FLAT_CO PAY_AMT	Amount of Copay (518-FI).Benefit Derived Flat Copay

***In re: Insulin Pricing Litigation, MDL No. 3080***  
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Exhibit A Request	Description	IW Field Name	IW Field Description	Legacy EDW Field Name	Legacy EDW Field Description
			(NCPDP D.0 518-FI). This field is not populated for NCPDP 5.1 and earlier.		
		PAY_DEDUCT_A PPLIED_AMT	The dollar amount applied to a periodic deductible for a CLAIM as paid by a MEMBER.	N/A	
68	Total Paid Amount (the total amount the provider was paid for this claim related to this insurance policy);				
69	Other Insurance Paid Amount (any additional known payment made to the provider by a third party or other insurance policy);				
70	Identifier and description of the Other Insurance that made payment on the claim;				
71	Quantity dispensed;	FILL_QTY	The quantity of medication dispensed expressed in metric decimal units.	DISP_QTY	The Dispensed Quantity is the total number of metric units of medication that was dispensed. Dispensed Quantity is used to compute the AWP Amount, Paid MAC Price Amount and Billed MAC Price Amount.

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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
72	Quantity prescribed;				
73	Days supply;	FILL_DAYS_SUPPLY_QTY	The number of days the dispensed (not prescribed) supply will last. For example, if a doctor prescribes 30 pills with instructions to take 3 pills a day, the fill_days_supply_qty = 10.	DISP_DAYS_SUP	The Dispensed Days Supply is the number of days that the PRESCRIPTION is expected to last. Domain: 0 = Unknown number of days (default) 1 - 999 = Number of days
74	Sales tax (if applicable);	BIL_SALES_TAX_TOTAL_AMT	The dollar amount representing the sum of the percentage sales tax amount and the flat sales tax amount billable to a CLIENT for a CLAIM.	B_TAX_AMT	The Billed Tax Amount is the final tax billed to the client.
<del>75</del>	<del>Incentive amount paid (i.e., a contractually agreed upon incentive amount that is paid to the pharmacy for services rendered);</del>				
76	Amount attributed to processor fee (i.e., an amount charged to the pharmacy by either the health plan or PBM as a transaction fee);				
77	Amount attributed to product selection/brand drug (i.e., an amount added to the member responsibility based on using a Brand Name product when a generic is available);	PATIENT_BRAND_SELECTION_AMT	The dollar amount attributable to product selection, brand drug (NCPDP 134-UK). Replaces the existing brand_generic_difference_amt column.	N/A	

***In re: Insulin Pricing Litigation*, MDL No. 3080**  
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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
78	Amount attributed to product selection/non-preferred formulary selection (i.e., an amount added to the member responsibility based on using a nonpreferred product when a formulary alternative is available);	PATIENT_NON_P RFD_FORMULARY_AMT	The dollar amount attributable to product selection, non-preferred formulary (NCPDP 135-UM).	N/A	
79	Amount attributed to product selection/brand non-preferred formulary selection (i.e., an amount added to the member responsibility based on using a non-preferred Brand Name product when a formulary Brand Name product or generic product is available);	PATIENT_NON_P RFD_BRAND_AMT	The dollar amount attributable to product selection, non preferred brand (NCPDP 136-UN). Overlaps with the existing brand_generic_diff_amt column, since there are now other product selection fields.	N/A	
80	Information sufficient to determine if the patient payment was based on a flat tiered co-payment or a percentage coinsurance;	COINSURANCE_AMT	The dollar amount that the PATIENT is responsible for attributable to co-insurance . (NCPDP 572-4U).	RSPNS_COINS_AMT	Amount of Coinsurance (572-4U).Amount included in Patient Pay Amount due to per prescription coinsurance (distinct from flat rate based copay).
		COPAYMENT_AMT	The dollar amount to be collected from a PATIENT that is included in Patient Pay Amount attributable to a per prescription (flat) copay (NCPDP D.0 518-FI). This field is not populated for NCPDP 5.1 and earlier.	RSPNS_FLAT_COPAY_AMT	Amount of Copay (518-FI).Benefit Derived Flat Copay
81	Amount attributed to periodic deductible;	PAY_DEDUCT_APPLIED_AMT	The dollar amount applied to a periodic deductible for a CLAIM as paid by a MEMBER.	N/A	



***In re: Insulin Pricing Litigation, MDL No. 3080***  
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<b>Exhibit A Request</b>	<b>Description</b>	<b>IW Field Name</b>	<b>IW Field Description</b>	<b>Legacy EDW Field Name</b>	<b>Legacy EDW Field Description</b>
82	Copay or patient pay amount;	PAY_PATIENT_P AY_AMT	The dollar amount calculated by a processor as the TOTAL amount to be paid by a PATIENT to the PHARMACY (includes the PATIENT's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.).	MBR_PMNT_AM T	The Member Payment Amount is the total amount paid by a MEMBER, including copay, amount applied to the deductible, the amount charged to the MEMBER after cap is reached and any ancillary charges for ancillary programs (e.g. penalty in mandatory generic program). The Member Payment Amount is used to compute the Invoice Amount and the Claim Amount.
83	Amount exceeding periodic benefit maximum;	OVER_BENEFIT_ LIMIT_AMT	The dollar amount to be collected from a PATIENT who has exceeded a periodic benefit maximum.	N/A	
84	Information sufficient to determine if the patient payment was in relation to being above or below a deductible amount or out-of-pocket maximum threshold;	OOP_ACCUM_A MT	The cumulative amount of payments made toward the OOP (Out of Pocket) for a given benefit period.	N/A	
		OOP_APPLIED_A MT	The dollar amount of the penalty applied to the OOP (out of pocket) limit for a CLAIM.	N/A	
		OOP_APPLIED_C DE	A 1-character code specifying the OOP (out-of-pocket) accounts to which a CLAIM was applied (e.g., Individual, Family) and the basis on which they were applied (Billable or Payable).	N/A	
		OOP_REMAININ G_AMT	The dollar amount remaining before the OOP (out-of-pocket) limit is met.	N/A	

***In re: Insulin Pricing Litigation*, MDL No. 3080  
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Exhibit A Request	Description	IW Field Name	IW Field Description	Legacy EDW Field Name	Legacy EDW Field Description
		DEDUCT_REMAI NING_AMT	The dollar amount not met by a PATIENT or family in a deductible plan.	N/A	
		OTHER_DEDUCT _REMAINING_A MT	The dollar amount remaining for a given benefit period that must be satisfied before Spending Account dollars can be applied to offset this in-network deductible. It differs from the deduct_remaining_amt that is applicable to the current CLAIM.	N/A	
		OVER_BENEFIT_ LIMIT_AMT	The dollar amount to be collected from a PATIENT who has exceeded a periodic benefit maximum.	N/A	
85	Amount attributed to coverage gap (i.e., information sufficient to determine if a Medicare Part D patient payment was within the Medicare Part D “donut hole,” if applicable);	PATIENT_COVER AGE_GAP_AMT	The dollar amount attributable to the coverage gap (NCPDP 137-UP).	N/A	
86	<del>If applicable, information sufficient to determine if a co-pay coupon program or other patient assistance program was utilized on the claim, including a description of said program and the amount paid by the program;</del>				

***In re: Insulin Pricing Litigation, MDL No. 3080***  
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**Rebate Data:**

Express Scripts maintained two legacy rebates systems (pre-2014), one for Express Scripts and one for Medco, which is not readily available at this time. Accordingly, this proposal is limited to the available fields Express Scripts is willing to produce from January 1, 2014 through January 1, 2023.

Express Scripts does not in the ordinary course maintain the information/data requested in subparts 1.d through h; compiling them would require detailed analysis and calculations that place an undue burden on Express Scripts. More specifically, Express Scripts does not maintain in its systems the total amounts paid to or otherwise retained by any Group Purchasing Organization or Plan Sponsor Consultant, as requested in 1.d. Requests 1.e and 1.f, seek information not relevant to any party's claims or defenses. Express Scripts does not maintain financial reporting at the drug or client level as requested in subpart 1.g. And the requests for total amount paid to plaintiffs in connection with Express Scripts' pharmacy-benefit management services is not specific to the Diabetes Medications at issue in this MDL and would be overly burdensome to reconcile and produce.

<b>Ex. A Request</b>	<b>Description</b>	<b>F14 Field Name</b>	<b>F14 Field Description</b>
1.a	The total Manufacturer Payments received by You or Your Affiliates from each of the Manufacturer Defendants relating to claims by each Plaintiff's Health Plan beneficiaries for Diabetes Medications;	RECEIVED_REBATES	Rebate amount paid by manufacturer
1.b	How such Manufacturer Payments were categorized (e.g., rebates, consulting fees, clinical program fees, administrative fees, financial incentives, formulary-placement or access fees, inflation or price-protection fees, etc.);	RECEIVED_ADMIN_FEE	Admin fee amount paid by manufacturer
		RECEIVED_BASE	Base rebate amount paid by manufacturer
		RECEIVED_INC	Incentive rebate amount paid by manufacturer
		RECEIVED_SD	Other incentive rebate amount paid by manufacturer

***In re: Insulin Pricing Litigation, MDL No. 3080***  
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<b>Ex. A Request</b>	<b>Description</b>	<b>F14 Field Name</b>	<b>F14 Field Description</b>
1.c	The portion of those Manufacturer Payments paid to or otherwise passed through to such Plaintiff;	REBATE_TOTAL_SHARE	Total amount paid to client
		SHARED_BASE	Base rebate amount paid to client
		SHARED_INC	Incentive rebate amount paid to client
		SHARED_SD	Other amounts paid to client
		SHARED_PERRX	Per prescription guarantee paid to client
		SHARED_ADMIN_FEE	Admin fee amount paid to client
1.d	The total amounts paid to or otherwise retained by any Rebate Aggregator or Plan Sponsor Consultant relating to claims by such Plaintiff's Health Plan beneficiaries for Diabetes Medications;		
1.e	The total amounts paid by You to any of Your Affiliated pharmacies in connection with claims by such Plaintiff's Health Plan beneficiaries for Diabetes Medications;		
1.f	The total amounts paid by You to any non-Affiliated pharmacies in connection with claims by such Plaintiff's Health Plan beneficiaries for Diabetes Medications;		
1.g	The total revenues and profits earned by You or any of Your Affiliated pharmacies, including mail-order or specialty pharmacies, in connection with claims by such Plaintiff's Health Plan beneficiaries for Diabetes Medications; and		
1.h	The total amount paid to You by such Plaintiff in connection with Your pharmacy benefit management services.		